

Integrated Performance Report




Month 7

October 2015

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Key to RAG Rating		Key to Data Quality Scale	
Background Format	Key	Symbol	Key
Red	Below plan		Standard of data accuracy is not known, it is incomplete and inconsistent with relevant standards
Amber	Almost on plan		Data is assumed to be complete and accurate, although there may be limitations or unresolved queries
Green	On plan or better		Data is complete, accurate and consistent with the standards set for the specific indicator

SUMMARY OVERVIEW

The Monitor Governance Risk rating shows a score of 4 in October, with scores applied in 2 cancer indicator areas where the standard was not met this month and also for the Dr Foster alert for acute bronchitis. The score for the most recent complete quarter (Q2) is also 4. Please note the revised table starting on page 7.

Cancer

The 2 week wait for all suspected cancer patients has met the standard in October, achieving 96% against a target of 93%, while the 2 week target for breast symptomatic patients has achieved 92.6% against the same target.

The 62 wait from referral to treatment for cancer patients (Trust total) achieved 96.3% against a target of 85% (NDHT position only). This report now includes an additional indicator showing the combined position covering Trust and shared breaches against the 85% standard; an early view of October shared position is 88%. The 62 day wait to treatment standards for screening service achieved 80% against a target of 90%, and for consultant upgrade achieved 66.7%. The 62 day wait performance by tumour site is now shown on page 13.

The 31 day total standard shows achievement of 95.4% against a target of 96%, 31 days for subsequent surgical treatment achieved 83.3% against a target of 94%, and for subsequent drug treatment achievement achieved 100%.

Please see pages 15-17 for exception reports. Improvement/Remedial Action Plans and trajectories for underperforming cancer indicators have now been agreed by the Trust Development Agency and NEW Devon CCG, and are being closely monitored.

Referral to Treatment

In June 2015 NHS England, the Trust Development Authority and Monitor jointly published guidance on changes to the Referral to Treatment (RTT) waiting time standards following review by Sir Bruce Keogh. This confirmed that the targets for admitted and non-admitted RTT have been abolished from June 2015 onwards, and the incomplete RTT standard has become the sole measure of patients' constitutional rights to start treatment within 18 weeks. Performance below 90% for admitted RTT, or 95% for non-admitted RTT, will no longer incur financial sanctions. However, data for all three standards will continue to be reported until further notice; this report will therefore continue to show performance against all RTT standards, with the targets for admitted and non-admitted pathways retained as indicative for the present time.

Key issues for noting in October 2015 are:

- No further cases of c.difficile were reported in the Acute sector in October 2015 to add to the 9 already reported for the year (page 18). The limit for 2015-16 is 7 cases; while the Trust has now exceeded this limit with 5 months of the year still to complete, financial sanctions will only apply if the number of cases deemed to be avoidable is above the limit. To date one avoidable case has been identified this year.

- The Standardised Mortality Ratio (SMR) continues above the national benchmark but has stabilised in June and July 2015; please see page 26 for exception report.
- There were no unjustified MSA sleeping breaches in October on MAU (page 27).
- Delayed Transfers of Care remain above target for Eastern and Northern Community in October, with a variety of reasons being noted, including awaiting nursing or residential home placement, awaiting care package, family choice or dispute (page 29).
- One Never Event was reported in May 2015 (page 30).
- Friends and Family Test performance for NDDH Acute Inpatients for October 2015 is a Friends and Family Test score of +96.1 (against a Trust target of +60). The overall response rate for the Acute sector is 7.1% (please see page 37). Community Hospitals scored +96.9 with a response rate of 34.9% (page 40), and Maternity scored +100 with a response rate of 3.7% (page 39).
- Ambulance Handovers – 30 minute performance shows 23 handovers were chargeable, with 5 handovers of more than one hour in October. Please see page 46 for exception report.
- A&E 4 Hour Standard – not achieved in October for Type 1 attendances with 91.2% of patients treated within 4 hours. The combined A&E performance for all types is above target at 96.7% in October. Please see page 50 for exception report.
- The 6 week wait for diagnostics target (99%) has now met target, achieving 99.3% in September and 100% in October (page 54).
- One individual 52 week waiter has been reported in June, July, August, September and October 2015 (page 53); this has been investigated through the Significant Event Audit process.
- The 90% of stay stroke indicator remains below target for Acute in October, with performance of 50% against a target of 80% (please see page 58 for exception report).
- NDHT has been notified by the CCG of the full achievement of its Quarter 1 milestones and this was confirmed at the Contract Review Meeting on 2 September. The Quarter 2 CQUIN Report is currently being compiled for delivery to the CCG by the reporting deadline of 29 October. The majority of schemes currently appear to be on track to achieve their Quarter 2 milestones, however, there are some concerns that the Q2 target for the nationally set AKI CQUIN may not be hit. This CQUIN requires completion of specific key points within discharge summaries for patients with AKI. While steps have already been taken since the end of March to improve standards of completion, additional work is planned to improve this further in the hope that the Quarter 3 target can be achieved. Please see pages 65-72 for details.
- Overall training compliance remains above target in September 2015 (pages 87-89). Please note the increased targets for individual training elements from 80% to 85% from September onwards.

AREAS OF PARTICULAR ACHIEVEMENT

- Performance against the 2 week and 62 day cancer standards has improved to deliver achievement of standard in September and October (see above).
- The diagnostic standard of 99% has been achieved again in October (100%) after three months of below target performance in June, July and August.
- All routine patients in Endoscopy are now seen within 6 weeks (page 55).

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Indicators achieving set threshold (Green)		
Ambulance Handovers % > 30 mins	Maternity Monthly Breast feeding rate - Denominator All Del's by Dr or Midw in hosp or home	A&E, MIU & WIC Attendances and 4 Hour Breaches
Ambulance Handovers > 2 hours	Medicines Reconciliation (North Community)	Cancer 2 Week Waits (aggregate measure) - Total Seen within 14 Days of Urgent GP Referral
AHP RTT Waiting time Non-admitted <18 weeks	Never Events	Cancer 2 Week Waits (aggregate measure) breast symp
Percentage of last minute cancelled operations	Outpatients First to Follow-up Ratio	MSA Breaches - Sleeping Accommodation (exc ASU) (Acute)
Last minute cancelled operations for non-clinical reasons (monthly) - Rebooked within 28 days	Outpatient Waiting List TOTAL	Re admission 28 day from Elective RY RR from Dr Foster
Data Completeness: community services - referral information	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days from Urgent GP Referral	Re admission 28 day from Non-Elective RY RR from Dr Foster
Data Completeness: community services - referral to treatment	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days Screening Service	SHMI overall trust score
Data Completeness: community services - treatment information	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days Consultant Upgrade	SHMI - Fracture of neck of femur - diagnosis group 120
DTC Delayed Transfers of Care North Community	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Drug Treatment	SHMI - Elective Admissions
Endoscopy patients routine waiting < 6 weeks	RTT >52wk Waiters - Admitted pathway	SHMI - Acute Myocardial Infarction - diagnosis group 57
G U Medicine appointments offered in 48 hours Trust Total	RTT Admitted Median	SHMI - Non Elective Admissions
C.Difficile over 3 days: Total Eastern Comm Hosps	RTT >52wk Waiters - Non-Admitted pathway	SHMI - Pneumonia - diagnosis group 73
C.Difficile over 3 days: Total Northern Comm Hosps	RTT Non-admitted 95th Percentile	SHMI - Acute and unspecified renal failure - diagnosis group 99
E. Coli Bacteraemia over 3 days: NDDH	RTT Non-admitted Median	SHMI - Acute cerebrovascular disease - diagnosis group 66
E.Coli Bacteraemia over 3 days: Eastern Community	RTT Non-Admitted % <18wks TOTAL	Urgent scans within 1 hour
E.Coli Bacteraemia over 3 days: Northern Community	RTT Incomplete Pathways 95th Percentile	90% of stay on SU (EASTERN HOSPITALS)
MRSA Bacteraemia over 2 Days : NDDH	RTT Incomplete Pathways - Specialties that failed 18 week target	A&E % Valid Data
MRSA Bacteraemia over 2 Days : Eastern Community	RTT Incomplete Median	Admitted Patient Care % Valid Data
MRSA Bacteraemia over 2 Days: Northern Community	RTT Incomplete % <18wks TOTAL	APC % Records First Submitted with Valid HRG Code
MSSA Bacteraemia over 2 Days: NDDH	Diagnostic Waiting Times (Patients waiting at month end - DM01)	Outpatients % Valid Data
MSSA Bacteraemia over 2 days: Eastern Community	A&E waiting time- Patients left department without being seen rate	VTE Prophylaxis - Number of adult patients receiving appropriate prophylaxis (Acute)
MSSA Bacteraemia over 2 Days: Northern Community	A&E waiting time - Time to initial assessment 95th percentile (ambulance arrivals only)	Unplanned Ward Transfers >1 transfer
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	A&E waiting time - Time to treatment (median)	
Caesarean section rate (Elective) - Denominator all hospital deliveries >= 24 wks	A&E waiting time - Number of patients spending over 12 hours in A&E (trolley waits)	

Indicators not yet achieving set threshold (Amber)	Indicators not achieved or requiring attention (Red)
Hand Hygiene Compliance - Trust Total	Ambulance Handovers % > 15 mins
MRSA Screening Elective Adms: Trust Total - includes Private Pts	Ambulance Handovers > 1 hour
MRSA Screening Emergency Adms: Total	Clinical Coding 5 day coding complete %
% of women booked before 13 weeks gestation	Clinical Coding Backlog
Caesarean section rate (Elective & Non Elective) - Denominator all hospital deliveries >= 24 wks	DTC Delayed Transfers of Care Acute
A&E waiting time - Total time spent in dept 95th percentile (non-admitted)	DTC Delayed Transfers of Care East Community
SMR Relative Risk Northern Community Sites - Rolling Year	Elective patients waiting more than 20 weeks
	Elective Waiting List TOTAL
	Endoscopy patients urgent waiting < 2 weeks
	C.Difficile over 3 days: NDDH
	% or babies readmitted 0 - 28 days
Data only indicators	Caesarean section rate (Non Elective) - Denominator all hospital deliveries >= 24 wks
Maternity % of all babies admitted to neonatal care	% Smokers at booking accepting referral to Smoking Cessation (denominator excludes women who refuse
Maternity All Births	Medicines Reconciliation (Acute)
A&E % admitted from A&E	Medicines Reconciliation (East Community)
SIRI - Total by month - New (reported)	Outpatients First Appointment DNA Rate
	Outpatients Follow-up Appointment DNA Rate
	GP referrals to Outpatients waiting more than 11 weeks
	Cancer 31 Day Waits - Total Treated < 31 Days from Diagnosis - (Decision to treat)
	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Surgical Treatment
	RTT Admitted 95th Percentile
	RTT Admitted Pathways - Specialties that failed 18 week target
	RTT Admitted % <18wks TOTAL
	RTT Non-Admitted Pathways - Specialties that failed 18 week target
	A&E waiting time- Patients waiting 4 hours or less in A&E
	A&E waiting time- Unplanned re-attendance at A&E within 7 days
	A&E waiting time - Total time spent in dept 95th percentile (admitted)
	A&E waiting time - Number of patients spending over 6 hours in A&E (admitted)
	A&E waiting time - Number of patients spending over 6 hours in A&E department - 95th percentile (non-
Indicators not achieved or requiring attention (Red) continued	Number of A&E Attendances - NDDH only
SMR Relative Risk Trust Level - Rolling Year	SHMI - Congestive Heart Failure - diagnosis group 65
Admitted direct to SU within 4 hours	SHMI - Chronic Obstructive Pulmonary Disease - diagnosis group 75
Routine scans within 24 hours	SHMI - Diabetes mellitus with complications - diagnosis group 35
90% of stay on SU (Acute only, SSNAP calculation)	SMR Relative Risk Acute Site - Rolling Year
90% of stay on SU (Superspell, SSNAP calculation)	SMR Relative Risk Eastern Community Sites - Rolling Year
Compliance with WHO checklist	